

**Fish Exposure Report**

Please complete the exposure information for your patient.

<b>1. Physician Reporting</b> Name: _____ Address: _____ City: _____ State: _____ (2-letter abbreviation) Phone: (     ) _____ - _____	<b>2. Has this case been reported to the state health department?</b>  Yes  No						
<b>3. Implicated fish</b> Type: _____ (e.g., barracuda, snapper...)							
<b>4. Source of Implicated Fish</b> <table><tr><td>Restaurant</td><td>Seafood market</td><td>Other: _____</td></tr><tr><td>Grocery store</td><td>Fish caught by friend or family member</td><td></td></tr></table>		Restaurant	Seafood market	Other: _____	Grocery store	Fish caught by friend or family member	
Restaurant	Seafood market	Other: _____					
Grocery store	Fish caught by friend or family member						
<b>5. Time when fish first eaten</b> Date ____/____/20____ Time ____:____ (military time, 24 hrs)	<b>6. Parts of fish eaten</b> ( <i>Check all that apply</i> )  head  roe (fish eggs)  organs  fillet ( <i>If checked, complete Quantity of Fish Eaten form</i> )  other _____						

**7. Send remains of implicated fish to:**

Robert Dickey, PhD  
Attn: Ciguatera Diagnostic Method Study  
FDA, Gulf Coast Seafood Laboratory  
1 Iberville Drive, PO Box 158  
Dauphin Island, AL 36528-0158